

20.0 HEALTH and SANITATION STANDARDS

20.1 General. Each CDP shall promote the health and welfare of staff and children. Written policies and procedures shall be posted and available to staff and parents.

20.1.1 All CDC staff and FCC providers shall be trained on established procedures for handling emergencies and minor health problems.

20.2 Commanding officers of Navy medical treatment facilities shall, through their Preventive Medicine Services or Environmental Health officers, provide technical assistance and monthly health inspection support to CDPs operating under their jurisdiction.

20.2.1 A written inspection (see Section 32 for checklist) report shall be left with the CDC director and a copy forwarded to the installation commander noting all deficiencies and a time table for correction. Written documentation of corrective actions shall be kept on file in the CDCs.

20.2.2 A medical officer, preferably a pediatrician, shall be assigned as the point of contact for medical problems which may occur within CDPs.

20.2.3 A medical department representative shall participate on the commanding officer's annual multi-disciplinary team inspection to detect health hazards, ensure compliance with health and sanitation standards and make appropriate recommendations.

Examples of health hazards include:

- Lead-based paint
- Excessive lead in potable water

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- Asbestos or other hazardous insulating material used in construction or maintenance
- Carbon monoxide from heating equipment or local traffic
- Excessive noise

20.2.4 Written policies and procedures shall be developed with the assistance of the local health consultant to address the following areas:

- In-service training for all personnel in the rudiments of first aid, treatment of minor injuries and signs of illness
- Procedures for the handling of minor injuries, illnesses and special health problems such as lice, worms, impetigo and ringworms
- Policy relating to emergencies and issues such as parental permission and consent forms, transportation, etc.
- Criteria for exclusion of acutely ill children with the option of continued care of children with minor problems (diaper rash, allergic symptoms, eczema, etc.)
- Procedures for notification of appropriate authority of reportable communicable diseases, child abuse/neglect
- Criteria on a case-by-case basis for administration of medication when it is in the best interest of the child and within the capacity of program resources (see Section 6)

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- 20.3 Facilities. Floors and walls shall be constructed of smooth, easily cleaned material and be free from hazards.
- 20.3.1 Smoking shall be prohibited in child development facilities and CDC playgrounds.
- 20.3.2 Use of ceramic tile in toilet facilities is undesirable, seamless linoleum is recommended.
- 20.3.3 Only non-toxic paint shall be used on painted surfaces.
- 20.3.4 Locked storage space shall be provided for the storage of cleaning and other chemicals.
- Cleaning supplies (except for bleach solution) shall not be stored in or directly off the rooms occupied by the children, in the kitchen or in the toilet facility.
- 20.3.5 The indoor environment shall be maintained at a temperature that protects the health of children. Inside winter design temperature should be 70°F at the floor. Inside summer design temperature should be 78°F.
- Temperature control should be by thermostat having a 70-78°F dead-band.
 - Relative humidity should be maintained between 50 percent and 70 percent, particularly in winter.
- 20.3.6 Floor furnaces, open grate gas heaters and electric space heaters shall not be used to heat areas occupied by children.
- Electric baseboard heating is acceptable.
 - Open fireplaces and combustion space heaters are prohibited.

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- Steam or hot water radiators shall be effectively screened.
 - Fans shall have a protective safety net and be installed outside the reach of children.
- 20.3.7 All rooms must be well ventilated, without draft, by having windows that can be opened, air conditioning, or a ventilating system.
- All windows, and doors, shall remain closed unless securely fastened screens are installed for protection against insects.
 - Food service areas shall have adequate exhaust ventilation to remove excessive heat or humidity.
- 20.3.8 Water shall be of potable quality and meet the standards prescribed in BUMEDINST 6240.10.
- Drinking fountains shall be of sanitary design with a guarded angled drinking head.
 - Fountains for use by children shall be installed at a suitable height or platform steps provided for children's use.
 - Where drinking fountains are not utilized, single service individual drinking cups shall be provided in sanitary dispensers.
 - Drinking fountain should be available to the children on the playground.
- 20.3.9 Lighting levels shall be at 50 FC in reading rooms, 30 FC in adjoining areas and work areas and 10 FC in hallways or non-work areas.

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- Glare-free lighting is recommended in all areas.
- Light fixtures shall be properly shielded or shatterproof bulbs must be used.
- Emergency lighting shall be provided at all building exits.

20.4 Toilet, Hand Washing and Diaper Changing Facilities. In facilities designed after the date of this instruction (new construction or renovation), a minimum of one child-sized flush type toilet and hand washing sink at child's level shall be provided for every 12 children, 3 - 6 years old.

20.4.1 For children 12 months to 24 months, one flush type toilet and hand washing sink for every five children shall be provided.

20.4.2 For children 2 to 3 years, one flush type toilet and hand washing sink for every seven children shall be provided.

20.4.3 In facilities designed prior to the date of this instruction, there shall be at least one nursery toilet chair for every four children who are being toilet trained or for whom toilet chairs are appropriate.

- Proper sanitation procedures after each use of toilet chairs shall be followed, (i.e., emptied into a toilet, cleaned in utility sink, sanitized and stored in toileting area.)
- Upgrades of toilet facilities shall be included in any major renovation project.

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20.4.4 In facilities designed (new construction or renovation) after the date of this instruction, there shall be one diaper changing area with hot and cold running water provided for every eight children under the age of 12 months. Sinks used for diapering shall not be co-located with food service areas or sinks used for dish washing.

- Portable sinks are recommended as a temporary measure.
- When hand washing sinks are not available in diaper changing areas, waterless hand washing agents, such as 70 percent isopropyl alcohol or alcohol based hand washing agents, may be used to remove harmful bacteria, if employees hands are not visibly soiled.
- CDPs not meeting the requirement for running water in diaper change areas shall have a project certified and submitted within 12 months of the date of this instruction.
- Staff members whose hands become visibly soiled when changing diapers must wash them with soap and water before attending to other infants or doing other tasks.
- If disposable gloves are used, they must be discarded immediately and hands washed.
- All CDC personnel caring for infants/pre-toddlers/toddlers shall follow the diapering procedures as outlined by the National Center for Disease Control.
- Baby powder is known to cause lung irritation and shall not be used. Cornstarch is acceptable.

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- 20.4.5 Surfaces of diaper changing area shall be sanitized with an approved solution (e.g., ¼ cup household bleach to one gallon of water). Disposable paper sheets, discarded after use, may be used. Wall surfaces adjacent to diaper changing areas shall be disinfected at least daily.
- 20.4.6 Diaper changing areas shall be supplied with dispensed liquid soap and disposable towels.
- 20.4.7 The child's hands shall be washed prior to washing the child's diaper area. Both the hands and child's diaper area shall be washed with a clean, damp, soapy cloth, then rinsed with a second cloth in the same order.
- Cloths must be laundered before reuse.
- 20.4.8 Disposable diapers shall be placed in cleanable, plastic-lined, covered containers. Containers are to be emptied into the exterior garbage areas at least twice a day.
- 20.4.9 All hand washing facilities shall be provided with hot and cold water, mixing faucets, and liquid soap and hand towel dispenser.
- Paper towels, liquid soap, etc., shall be at the child's level.
 - The temperature of hot water used by children shall not exceed 110°F.

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20.4.10 Separate toilet and hand washing facilities shall be provided for the isolation room in new construction or when renovating facilities.

- In existing CDCs where separate facilities are not available, separate toilet facilities shall be designated for use by children who are ill.

20.4.11 In facilities where only adult-sized toilets and sinks are available, platforms and steps for children shall be provided.

20.4.12 Separate toilet and hand washing facilities shall be provided for staff members.

20.4.13 Diapering and toilet/bathroom odors shall be controlled by ventilation and sanitation. Chemical air fresheners are discouraged.

20.5 Infection Control. Good hygiene is the best method of preventing the spread of germs and infections.

20.5.1 Staff and children must wash hands properly and frequently, using running water and liquid soap, and disposing of towels or tissues after one use. The hand-washing procedures prescribed by the National Center for Disease Control shall be used by all CDC personnel and children.

- Staff and children shall wash their hands at least at the following times, and whenever hands are contaminated with body fluids:
 - Before food preparation, handling and serving
 - After toileting or changing diapers
 - After assisting a child with toilet use

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- Before setting the table for meal times
 - Before and after eating meals or snacks
 - After wiping noses (own or child's)
 - After handling pets or other animals
- Tissues, soaps and towels should be stored where children can reach them without assistance.

20.5.2 All surfaces and equipment shall be cleaned with an Environmental Protection Agency (EPA)-approved disinfectant solution that does not contain phenol at least once a day.

- An EPA registration number should be on the label.
- Household bleach (5.5 percent chlorine) may be used in a solution consisting of $\frac{1}{4}$ cup bleach to 1 gallon of water for routine disinfecting after the surface has been cleaned with detergent and water. Solution must be made fresh daily.

NOTE: Use 1 part bleach to 10 parts water for cleaning blood spills.

20.5.3 Equipment/toys shall be thoroughly washed with hot water and detergent. Surfaces shall be wiped with chlorine bleach solution or other approved disinfectant and allowed to air dry for 10 minutes.

- Toys, table toys and other similar equipment used by children over 3 years must be washed and disinfected at least weekly or when soiled.
- Toys used by children under 36 months shall be cleaned and disinfected daily.

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- Toys that are placed in a child's mouth or otherwise soiled shall be cleaned/disinfected before being handled by another child.
 - See Section 20.12.3 for cot and crib cleaning requirements.
- 20.5.4 Staff shall use rubber gloves when cleaning up after a child who is sick, bleeding extensively, or when handling soiled clothing or linens.
- Walls, floors, bathrooms, tabletops and other contaminated surfaces shall be cleaned using an approved disinfectant.
- 20.5.5 Cloth diapers may be used if furnished by and returned to the parents or designated representative at the end of each day.
- Diapers shall be marked with the child's full name.
 - Soiled cloth diapers shall be placed in a securely fastened plastic bag provided by the parent and returned daily.
 - Staff shall avoid handling soiled clothing - it shall be sent home un-rinsed.
- 20.5.6 All surfaces touched during diapering (table, sink, bottles, etc.) shall be cleaned with an EPA-approved disinfectant detergent solution that does not contain phenol or general purpose detergent followed by a chlorine solution rinse.
- 500 ppm free available chlorine or approximately ¼ cup of household bleach per gallon of water.

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20.6 Laundry Facilities. CDCs that provide laundry services shall be operated per NAVMED P-5010-1, Chapter 2.

20.6.1 Articles subjected to laundering shall contain no objects or substances which may be harmful to persons handling or wearing the articles.

20.6.2 Laundered articles shall be stored in a clean location and protected against contamination.

20.6.3 Storage of dirty laundry shall be separate from clean laundry, food or other supplies and not accessible to children.

20.7 Waste Disposal. Solid wastes, garbage and disposable diapers shall be kept in durable, leak-proof, non-absorbent waste containers. Containers in kitchen and diaper changing areas shall be provided with tight-fitting lids. Soiled diapers shall not be stored in play, sleep or food areas.

20.7.1 A sufficient number of containers shall be provided to prevent overfilling.

20.7.2 Containers shall be provided with suitable plastic liners and cleaned frequently to prevent odor and pest harborage.

- Containers shall be emptied and cleaned as necessary and at the close of each working day.
- Cleaning shall be done in such a manner as to prevent contamination of the facility.

20.7.3 Combustible materials shall not be kept in plastic containers.

20.8 Pest Control. Operations shall be per NAVMED P-5010-8.

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- 20.9 Food Service Operations. Personnel responsible for the selection of meals and/or snacks should have a basic knowledge of nutritional needs of children, and should consult with the pediatric or dietary staff of the medical department.
- 20.9.1 All food service equipment, including refrigerators, shall meet National Sanitation Foundation or equivalent standards.
- 20.9.2 Formula and juices prepared at home shall be identified for the appropriate child by the parents, and refrigerated until used.
- 20.9.3 Baby food provided by parents shall be labeled and refrigerated after opening and sent home at the end of each day.
- All infants shall be held for bottle feedings.
 - Only plastic bottles will be used for children above 6 months. Ready to serve juices sold in glass bottles may be used for children under 6 months providing the caregiver holds the infant during feeding.
 - The use of bottles for children over 1 year old should be discouraged.
 - Microwave ovens shall not be used for warming bottles or containers of food for infants and pre-toddlers.
- 20.9.4 Single-service dishware and/or eating utensils may be used.
- Where multi-use cooking utensils and/or dishware are used, they shall be washed and sanitized per NAVMED P-5010-1, Food Service Sanitation, revised 1991.

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- 20.9.5 When food services are provided, all facilities shall meet the structural and sanitary requirements in NAVMED P-5010-1, chapter 1, revised 1991.
- 20.9.6 Food procurement, storage, preparation and dishwashing shall follow NAVMED P-5010-1, chapter 1.
- 20.9.7 All CDC directors and staff personnel who engage in food service operations shall complete training in sanitary food service operations.
- Training will be provided by the cognizant Navy medical treatment facility, or the area Navy Environmental and Preventive Medicine Unit.
- 20.10 Custodial and Housekeeping Service. Custodial services shall be provided for all spaces and contents within the CDC.
- 20.10.1 Installation custodial contracts which incorporate CDC cleaning services should be reviewed jointly by the CDC director and the health proponents to ensure provision of adequate services as listed herein.
- 20.10.2 SOPs for custodial and housekeeping services shall include the following:
- Work will be executed by support personnel employed solely for this purpose.
 - Caregivers shall not perform custodial services with the exception of wiping tables and high chairs, sweeping floors, etc., after program activities and meal service, to maintain functional orderliness and cleanliness.

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- All custodial equipment, supplies, and materials shall be approved by the health consultant or safety officer. This equipment will comply with all federal specifications and fire regulations.

20.10.3 All custodial and housekeeping services will be performed according to the following guidelines:

- Child routines will not be disturbed by custodial activities. The majority of daily cleaning will take place when the CDC is not in operation and the children are not present.
- Hallways, stairways, entrances, and doorways will not be obstructed by any cleaning or maintenance operations or storage of equipment and materials.
- Custodial supplies and equipment will be properly stored in locked cabinets or closets away from child activity rooms.

20.10.4 The following custodial services will be provided daily:

- Entrance ways, steps, floors swept
- All carpeted surfaces vacuumed
- Floors, stairs, entrance ways, and landings mopped with sanitizing solution
- Scrubbed with approved disinfectant:
 - Toilet bowls
 - Urinals
 - Wash basins
 - Kitchen equipment and appliances

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- Food service areas
- Drinking fountains
- Waste containers
- Furniture, equipment, and surfaces within the reach of children dusted
- Mirrors, metal door plates, bathroom and kitchen fixtures, and all metal fittings wiped
- Entrance doors, door frames, switches, paper towel dispensers, and any other surfaces cleaned as required
- Grounds policed for trash, debris, and safety hazards
- Sidewalks, driveways swept or cleaned as needed

20.10.5 The following custodial services will be provided weekly:

- Walls, woodwork, and partitions in child activity spaces and bathrooms scrubbed
- Ledges, window sills and blinds, walls, woodwork, handrails, light fixtures, ducts, air conditioning/heating units, and other surfaces where dust collects dusted

20.10.6 Carpets in infant/pre-toddler/toddler areas must be cleaned or shampooed at least monthly or when soiled. Carpets in other areas must be cleaned or shampooed at least quarterly or when soiled.

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20.10.7 The following custodial services will be provided when needed:

- Cleaning of window coverings
- Washing of all windows (inside and outside) and screens
- Waxing and buffing of floors
- Cleaning of upholstered furniture and other miscellaneous furniture and/or surfaces

20.11 First Aid Kit. A first aid kit shall be located in the CDC and include materials for the emergency cleansing and protection of wounds, including an antiseptic, bandages, dressing and tweezers.

20.11.1 The cognizant local medical department should specify content of the first aid kit and provide training in the use of the first aid items as necessary.

20.11.2 Contents of first aid kits shall be checked monthly and replenished as necessary.

20.12 Nap/Sleeping Provisions. Infant cribs shall be spaced at 36-inch intervals laterally or end-to-end, if the ends are of solid construction. Crib construction shall preclude wedging or entrapment of child's body between the slats, bars, or other component parts. Distance between crib slats shall not be more than 2 3/8 inches.

20.12.1 Mattresses provided by the CDC shall be covered by moisture proof underpinning.

20.12.2 Stainless steel or other easily sanitized material shall be used for crib construction. Wooden cribs shall not be used.

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20.12.3 A separate crib or cot shall be assigned to each child in regular attendance.

- The use of mats, rugs or other materials placed directly on the floor are not an acceptable substitute.
- Cots shall be labeled for individual child use.
- Cots shall be cleaned with approved products at least weekly. Cribs shall be cleaned on a daily basis. Cribs and cots shall be cleaned with approved products after each use whenever used by different children.
- Hourly care programs shall ensure that cribs and cots are thoroughly cleaned between each use.
- When using cots, adjacent children shall be placed in alternating head-to-foot positions for sleeping.
- There shall be a minimum of 3 feet between cots.

20.12.4 Clean linens and blankets sufficient to maintain comfort should be provided by the CDC or parents.

- Linens and blankets used by the same child shall be washed weekly.

20.12.5 When soiled by body wastes, cribs and beds must be cleaned and disinfected using an EPA-approved disinfectant detergent solution that does not contain phenol or a general purpose detergent followed by a chlorine solution rinse.

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20.13 Child Admission Requirements. A registration form for each child must be completed by parents prior to admission and be updated at least annually or as necessary.

- A copy of this registration form with preparation instructions is located in Section 32.

20.13.1 No child may be admitted to a CDP without current immunizations against tetanus, diphtheria, pertussis, poliomyelitis, and Haemophilus influenza type B.

ONLY EXCEPTIONS:

- Where religious beliefs preclude.
- Clear medical contraindication exists.

20.13.2 Certification that immunizations are current shall be obtained from the cognizant medical facility prior to admission.

20.13.3 Local disease profiles may require additional immunization.

- The local medical department consultant (e.g., pediatric and/or preventive medicine service) should be contacted regarding any additional requirements.

20.13.4 Program personnel shall be knowledgeable of current immunization requirements as advocated by the local medical departments.

20.13.5 Screening children for the presence of the HIV antibody prior to program entry is not warranted or recommended.

20.13.6 Minimum immunization requirements are included in the table found on the next page.

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IMMUNIZATION REQUIREMENTS		
AGE AT ENTRY	VACCINE	TOTAL DOSES RECEIVED
Younger than 2 months	DTP	1 dose, beginning at age 6 weeks
	Polio	1 dose, beginning at age 6 weeks
	HbCV	1 dose, beginning at age 6 weeks
	Hepatitis B	1 dose, beginning at birth. STRONGLY RECOMMENDED BUT NOT REQUIRED.
2 to 3 months	DTP	1 dose
	Polio	1 dose
	HbCV	1 dose
	Hepatitis B	1 to 2 doses, depending on the age for 1st dose. STRONGLY RECOMMENDED BUT NOT REQUIRED.
4 to 5 months	DTP	2 doses
	Polio	2 doses
	HbCV	2 doses
	Hepatitis B	2 doses. STRONGLY RECOMMENDED BUT NOT REQUIRED.
6 to 14 months	DTP	3 doses
	Polio	2 doses
	HbCV	2 to 3 doses, depending on the age for 1st dose
	Hepatitis B	3 doses, with dose 3 anytime between age 6 and 18 months. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	Influenza	2 doses, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. STRONGLY RECOMMENDED BUT NOT REQUIRED.

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IMMUNIZATION REQUIREMENTS		
AGE AT ENTRY	VACCINE	TOTAL DOSES RECEIVED
15 to 17 months	DTP/DTaP	3 doses
	Polio	2 doses
	HbCV	1 to 3 doses (4 doses with HibTITER), depending on age for 1st dose
	MMR	1 dose of each, separately or combined, on or after the first birthday (preferably at age 15 months).
	Hepatitis B	3 doses. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	Influenza	2 doses, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	PPD	1 skin test, yearly, beginning at age 15 months. STRONGLY RECOMMENDED BUT NOT REQUIRED.
18 to 47 months	DTP/DTaP	4 doses
	Polio	3 doses
	HbCV	1 to 3 doses (4 doses with HibTITER), depending on age for 1st dose
	MMR	1 dose of each, separately or combined, on or after the first birthday (preferably at age 15 months).
	Hepatitis B	3 doses. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	Influenza	2 doses, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	PPD	1 skin test, yearly. STRONGLY RECOMMENDED BUT NOT REQUIRED.

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IMMUNIZATION REQUIREMENTS		
AGE AT ENTRY	VACCINE	TOTAL DOSES RECEIVED
4 to 6 years	DTP/DTaP	At least 4 doses. Five doses required if the 4th dose was given before the 4th birthday.
	Polio	At least 3 doses. Four doses required if the 3rd dose was given before the 4th birthday.
	HbCV	For ages less than 5 years, 1 to 3 doses (4 doses with HibTITER), depending on age for 1st dose
	MMR	1 dose of each, separately or combined, on or after the 1st birthday (preferably at age 15 months). 1 more dose of measles, separately, or MMR vaccine given between ages 4 to 6 years.
	Hepatitis B	3 doses. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	Influenza	2 doses, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. STRONGLY RECOMMENDED BUT NOT REQUIRED.
7 to 12 years	PPD	1 skin test, yearly. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	Td	At least 3 doses. One more Td dose is required if the last DTP dose was given before the 4th birthday.
	Polio	At least 3 doses. Four doses required if the 3rd dose was given before the 4th birthday.
	MMR	1 dose of each, separately or combined, on or after the first birthday (preferably at age 15 months). 1 more dose of measles, separately, or MMR vaccine between ages 4 and 12 years.
	Hepatitis B	3 doses. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	Influenza	2 doses, for children between ages 7 and 8 years, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. For children age 9 years and older, 1 dose yearly. STRONGLY RECOMMENDED BUT NOT REQUIRED.
	PPD	1 skin test, yearly. STRONGLY RECOMMENDED BUT NOT REQUIRED.

Those requirements are based, in part, on the recommendations of the Advisory Committee on Immunization Practices and the American Academy of Pediatrics as of August, 1992. Format from Title 17, California Code.

Vaccine key:

DTP: diphtheria, tetanus, and pertussis.
DTaP: diphtheria, tetanus, and "acellular" pertussis which is licensed for use in children ages 15 months to 7 years
Td: diphtheria, tetanus toxoids given to children ages 7 years and older since pertussis immunization is not required at ages 7 years and older
HbCV: *Haemophilus influenza* type b conjugate vaccine. HbOC (HibTITER) and PRP-OMP (PedvaxHIB) are licensed for children ages 2 months and older.
PRP-D (ProHIBit) is licensed for children age 12 months and older.
MMR: measles, mumps, and rubella
PPD: Mantoux (5 TV Intradermal) tuberculin skin test. Multiple-puncture skin test devices are not acceptable for tuberculosis screening.

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20.13.7 Immunization requirements are a condition of attendance.

- When entering the program, parents may be given 10 working days to secure the necessary medical certification.
- When immunizations are not given due to religious beliefs, a waiver signed by the parent shall be kept on file.
- When more than 10 percent of the children in care are not immunized, parents must be notified that the risk of spread of preventable disease exists.
- Failure to present certification shall result in the expulsion of the child until such time as certification is provided.
- When immunizations are interrupted due to a medical condition, a statement from the health care provider shall be kept on file.
- CDCs shall establish record follow-up systems to ensure children receive any remaining immunizations.
- Individuals who have not been immunized, including those with medical and religious exceptions shall be excluded from the CDC during an outbreak of contagious disease.
- Up-to-date list of such individuals shall be on file in the CDC.
- CDCs shall establish procedures that ensure compliance with additional immunization requirements.

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20.13.8 No child may be accepted for care who is obviously acutely ill. Staff should check children upon arrival for the following:

- Unusual spots or rashes
- Infected skin or crusty patches
- Feverish appearance
- Temperature of 101°F oral or 100°F axillary (armpit)
- Severe coughing, difficulty in breathing, yellowish skin or eyes
- Eyes that are irritated, swollen or with discharge
- Impetigo
- Scabies
- Ringworm
- Chicken pox
- Head lice
- Strep throat
- Conjunctivitis
- Persistent (more than 24 hours) diarrhea or vomiting
- Symptoms of contagious diseases such as mumps and measles

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- 20.13.9 Parents shall certify, as part of the admission procedure, that their child is free from obvious illness and is in good health.
- Parents shall also note any known allergies to food or other substances.
 - Parents shall be made aware of policies concerning exclusion or acceptance during admission procedures and in parent handbook.
- 20.13.10 Parents shall complete an authorization release for emergency medical care as part of the admission procedure.
- Appropriate telephone numbers will be kept on file where the parent(s) and/or a person designated by the parent(s) to be responsible may be reached.
 - Telephone numbers shall be reviewed regularly and kept current.
- 20.13.11 The cognizant, most qualified medical department specialty (e.g., pediatric service) shall be consulted for input into the medical criteria used to admit or refuse admission to CDPs.
- It is recommended that children be examined by a physician annually.

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20.14 Screening for Illness. Children shall not be denied admission, sent home or excluded unless one or more of the following conditions exist:

- Child shows signs of an illness that prevents him/her from participating in activities,
- Illness results in greater care needed than the CDC staff can provide without compromising the health and safety of the other children.
- Temperature: Oral temperature 101° or greater; or axillary temperature 100° or greater--until temperature is normal. (Fever may or may not preclude a child's participation in the program. Consult with the local medical contact for guidance.)
- Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs) - until medical evaluation allows inclusion
- Uncontrolled diarrhea: increased number of stools, increased stool water, and/or decreased form that is contained by the diaper - until diarrhea stops
- Vomiting illness: two or more episodes in the previous 24 hours
- Rash with fever or joint pain: until health care provider determines communicable disease is not indicated
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated
- Scabies, head lice, or other infestation, until 24 hours after treatment has been initiated
- Tuberculosis, until a health care provider or health official states that the child can attend child care

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- Impetigo, until 24 hours after treatment has been initiated
 - Haemophilus influenza type B (HIB) and meningococcal infection, until approved by health care provider
 - Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever
 - Chicken pox, at least until 6 days after onset of rash, but in any event, not until all sores have dried and crusted
 - Pertussis, until 5 days of appropriated antibiotic treatment has been received
 - Mumps, until 9 days after onset of parotid gland swelling
 - Hepatitis A virus as directed by the appropriate health official
 - Measles, until 6 days after onset of rash
 - Rubella, until 6 days after onset of rash
- 20.14.1 Parents or individual specified in writing shall be notified to pick up the child immediately. Children shall be isolated until leaving the CDC and shall not return until sufficient time/treatment has elapsed.
- 20.14.2 The ill child shall have a staff member in constant attendance.
- 20.14.3 Emergency medical care and ambulance telephone numbers shall be posted in a conspicuous place near the telephone.
- 20.14.4 Whenever exposure to a communicable disease has occurred, the cognizant Navy medical treatment facility's Preventive Medicine Service shall be contacted for recommendations regarding control measures.

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HEALTH and SANITATION STANDARDS, cont.

20.14.5 Parents of all children shall be notified when children have been exposed to the following:

- Bacterial meningitis (H flu)
- Neisseria meningitis
- Pertussis
- Streptococcal infections
- Scarlet fever
- Chicken pox
- Lice or scabies
- Giardia lamblia diarrhea
- Hepatitis A virus infections

20.15 Oral Health. Children over 2 years of age enrolled for full-time care shall brush their teeth after lunch with fluoride toothpaste.

20.15.1 Children over age 4 shall brush their own teeth with direct supervision.

20.15.2 Each child shall have a personally labeled toothbrush.

20.15.3 Toothbrushes shall be stored so they do not drip on other toothbrushes, separate from one another and exposed to the air to dry, and not in contact with any surface.

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HEALTH and SANITATION STANDARDS, cont.

20.16 Medications. It is preferable that medications not be administered in the CDC.

- 20.16.1 When possible, parents and physicians should be requested to adjust medication schedules so that medication need not be administered by staff.
- 20.16.2 The decision to administer medication should be made on a case-by-case basis with consideration given to the needs of the child and family circumstances. (See Section 6.)
- 20.16.3 Only topical, non-prescription medication shall be administered. Medications shall be provided by parents daily with written directions for use. Over the counter oral medications shall not be administered.